

Running title: Challenging male gender blindness

This is a pre-publication version of the following article:  
Seager MJ, Barry JA & Sullivan L (2016). Challenging male gender blindness: Why psychologists should be leading the way. *Clinical Psychology Forum*, 285, 35 - 40

## **Challenging male gender blindness: Why psychologists should be leading the way**

Martin Seager, John Barry & Luke Sullivan

### **Martin**

AS A CLINICAL PSYCHOLOGIST who qualified nearly 30 years ago, I was taught to believe that British psychology in general and clinical psychology in particular was all about science and humanity. I was taught to believe that the full spectrum of the human condition in all its individual variation and diversity should be the object of our psychological curiosity and research. I was taught to believe that clinical psychology was about understanding and alleviating human mental suffering in all its forms, regardless of gender, age, ethnicity or creed. I was taught that the British Psychological Society stood for open-mindedness, fairness and equality, and stood against prejudice in all its forms. But does the reality match the rhetoric? I quote from the Society's *Code of Ethics and Conduct* (2009, Section IV, para. 1, p.10)

*'Psychologists should: (i) Respect individual, cultural and role differences, including (but not exclusively) those involving age, disability, education, ethnicity, gender, language, national origin, race, religion, sexual orientation, marital or family status and socio-economic status.'*

When it comes to the male gender, however, our profession is disappointingly no different to

the rest of society. Rather than pioneering and leading the way on the psychology of the male half of our species, our profession limps blindly and blandly along in the background, colluding with a society that keeps the spotlight firmly off any issues which adversely affect men and boys. The few pioneering initiatives that do exist in relation to men and boys are not largely to be found within the hallowed portals of the British Psychological Society, although there is now some hope that this will change.

This male gender blindness is even more striking considering that male humans:

- Make up the vast majority of suicides.
- Make up the majority of single homeless persons.
- Make up the majority of people addicted to alcohol and other drugs.
- Make up almost the whole prison population.
- Have lower life expectancy.
- Do significantly worse in education.
- Are significantly more likely to die at work.
- Are significantly more likely to die by violence.
- Are significantly less likely to seek help of any kind.
- Are much less likely to choose a career in clinical psychology or other caring professions.

Why such blindness to gender differences and problems affecting males? Firstly, it has to be said that we live in a post-feminist culture where we have now all been virtually brainwashed

into thinking that only females can suffer because of their gender (which clearly they can and do). Gender issues, however, have come almost exclusively to mean women's issues. This means that the whole concept of masculinity has become tainted with notions only of power and privilege, despite the fact that most males are and always were working class and relatively powerless. In fact, even in the 'golden' age of 'patriarchy' and the suffragette movement at the start of the twentieth century, most of the men who died in World War I defending our freedom also did not have the vote. The lack of working class male suffrage until 1918 is a story seldom told and is shockingly hidden in the dominant narrative of our modern democratic society, which has depended upon so much male sacrifice. If anything is a gender issue, being required by your country to sacrifice your very life by virtue of your gender must surely be one.

From the same era, a similar picture can be seen in civilian life from the survival statistics of the Titanic disaster in 1912 which show that a woman travelling second class had a much higher chance of survival (86 per cent) even than a man travelling first class (32.6 per cent). Men travelling second class had only an 8.3 per cent chance of survival. On the other hand, 140 of 144 (97.2 per cent) females travelling first class survived. So even in those 'bad old days' of 'patriarchy', the gender story was never a simple case of male power and privilege, whether in war or peace time.

The second reason for male gender blindness ties in with the first. In addition to the reproductive role, the male gender has co-evolved in our species for the purpose of fighting, hunting, providing and protecting. The male throughout the ages has been called upon to take risks for the protection of the social group. This means that different rules, expectations and pressures have

evolved within the psychology of the male and the female. There is more pressure on males to appear strong, just as there is more pressure on females to appear glamorous.

These universal and ancient pressures have not changed across time and culture in our species, although the way that societies and cultures respond to these pressures (for example, what constitutes female glamour and fashion) clearly can and does vary. Because men are always under pressure to look strong there is a huge pressure in all societies not to draw attention to male vulnerability. These universal gender pressures are something recognised by all our great writers, story tellers and artists. If only psychological science could equally acknowledge gender as a universal part of the human condition, we could begin to understand, for example, why the male suicide rate is so high and why society is so much more tolerant of males being exposed to risk and danger. For psychologists therefore to collude with a narrative that reframes gender difference and diversity as mere 'social stereotyping' and ignores gender inequalities affecting males is a failure to live up to our professional values and standards. It certainly does not constitute the scientific rigour and objectivity that I was led to believe was part of a proud tradition of British psychology. However, it is not too late for psychologists to do something about this. Hopefully, this will be the generation of psychologists that can study both male and female aspects of the human condition with an open mind and without gender prejudice of any kind.

## **John**

Male gender blindness is nowhere more evident than in the relative lack of research into problems affecting the male gender. One of the most easily recognised yet least discussed

sex differences is in suicide rates. Gender blindness in suicide research leaves a gap in our understanding of the causes of male suicide, leading to a gap in our ability to deliver effective solutions to men who make up nearly 80 per cent of suicides. A survey by (Seager et al., 2014) examined the possibility that ancient rules of masculinity and femininity influence suicidality, and indeed found that two of the hypothesised rules of masculinity (being a ‘fighter and a winner’, and retaining ‘mastery and control’ over one’s emotional life) were significant predictors of suicidality. At the same time one of the hypothesised rules of femininity (maintaining ‘family harmony’) acted significantly as a buffer against suicidality. Such knowledge can be used to help in future clinical practice and it seems likely that, for example, telling men that ‘seeking help means taking control not losing control’ might help reduce suicidality in men. This is simply because such a message honours the gendered pressure on men to be in control rather than denying this reality, as in the gender neutral or perhaps feminised message that is increasingly being given to men by mental health agencies: ‘Come on men, open up and share your feelings!’ Telling men that strength does not matter is no more likely to be successful than telling women that glamour and beauty do not matter. Rather than deny gender difference, it is preferable to widen the definition of strength for men to include help-seeking, in a similar way to widening the definition of beauty for women to include a wider range of body shapes. The Campaign Against Living Miserably (CALM) is one charity that has grasped the vital need to be gender specific in its message to men, which is: ‘Silent does not mean strong’.

It should be a big issue therefore for clinical psychologists that men do not seek help for their problems – whether physical or emotional – as readily as women do (Addis & Mahalik, 2003).

Even life coaches, who might be thought to deliver a relatively male-friendly intervention, find similar problems with help-seeking in men (Russ et al., 2015). Previous research suggests some ways that might help improve male uptake, for example, positive male role models having successful therapy (Lemkey et al., 2016). Farrimond (2011) also found that some men can reframe help-seeking for health issues as ‘taking action’. This sense of ‘taking action’ is probably similar to the traditional male gender script rule (Seager et al., 2014) of retaining mastery and control (see above). This therefore seems a promising area for future research into ways of making psychological services appeal more to men and work better for them.

There is already some research to show that male-specific therapies can work (see Kinglerlee et al., 2014, for an overview), but gender differences in the needs of patients in clinical psychology remain largely under-researched. Thus, although Parker et al. (2011) found a statistically significant gender difference in outcome in a third of studies of various types of psychotherapy for depression, they noted that researchers typically fail to analyse treatment outcomes by gender. This means that even in cases where men and women show strong correlations in opposite directions for a variable, this gender difference will be obscured if the data from men and women is combined (Lemkey et al., 2015). The Improving Access to Psychological Therapies programme (IAPT) shows that, of the range of therapies assessed in the UK, men are least likely to attend counselling (30 per cent of clients) and most likely to attend employment support (46 per cent of clients) (Health and Social Care Information Centre, 2014). Given that employment support is more pragmatic and solution focused than counselling, the greater numbers of men attending suggests that this more male friendly approach encourages help seeking in men. It is clearly important to know about gender

differences, both in uptake and outcome in psychological therapy. However, psychological research has developed a culture of both ‘beta-bias’ – the tendency to minimise or overlook gender differences (Hare-Mustin & Marecek, 1988) – and male gender blindness (Seager et al., 2014a; Russ et al., 2015), and so we must overcome both of these obstacles before we can effectively improve psychological services for men, and in some ways for women too.

It is vital to highlight for both researchers and clinicians that measuring gender difference in all its forms honours human diversity, and certainly does not imply sexism or value judgements. Assuming that gender differences are mere social stereotypes is in truth very poor science, not worthy of the standards of a scientific profession. The crucial point is that if clinical psychologists are to maximise the efficacy of their interventions for all people, they can no longer continue to remain blind to gender difference in all its manifestations.

## **Luke**

In 2004, I was employed by South London and Maudsley NHS Trust as a researcher tasked with looking at Men’s Mental Health in the London Borough of Southwark (unpublished manuscript, 2004). Prior to this I had been working on an all male inpatient ward as a support worker, so I was keen to make an impression and report to the management board some interesting and helpful findings.

In truth, by the end of the project I was anxious because, apart from the alarmingly high rates of suicide, I found almost nothing. No research looking specifically at men, no policies,

no services for men with mental health problems and a general blindness to the psychological needs of men and boys.

I continued from this point onwards to be even more interested in working with men and set up various men's groups with other clinical psychologists and psychiatrists. It wasn't until later in my career as a trainee clinical psychologist that the significance of my findings finally dawned on me: the nothing I had found was the finding! In a positive way, this absence of thinking about the psychological needs of men and boys was an invitation into a whole new world of uncharted territory and every researcher's dream... to boldly go where no one had gone before! This wasn't quite true and organisations like the Samaritans, the Men's Health Forum, Mind and the Campaign Against Living Miserably were not blind to the issues and were busy starting the work to raise awareness of male suicide. Initially, the focus was on young men, although it is a fact that suicide is a problem for all men of all ages. Publications followed (Men's Health Forum, 2002, 2010, 2011; Mind, 2009, 2010; Samaritans, 1999, 2010) and people started to shout louder and say: 'Hey, this needs attention; we cannot continue to turn a blind eye'. All of this work has contributed towards men being recognised for the first time as an at risk group in the government's strategy on addressing suicide (DH, 2012) and has led more recently to a debate between members of parliament on male suicide.

I have been lucky enough to be part of this movement of men and women and in 2008 joined up with Martin and John. We have since gone on to research together, build a network of people interested in male psychology, campaign on men's issues, write for various publications, collaborate with other charitable organisations, start and host the annual Male Psychology



Conference and put forward a proposal to the British Psychological Society for a Male Psychology Section. Unfortunately, the latter has struggled to capture the attention and imagination of our own profession. Surely we should be leading the way on this! To vote for the section go to <http://response.questback.com/britishpsychologicalsociety/malepsychsection>

My own interest in male psychology was born from a broader interest in issues of equality. The most obvious and yet unacknowledged gender inequality for males is suicide. Suicide is the number one cause of death for men under 45, and the overall ratio of male to female suicide is almost 4:1. However, until recently suicide had not even begun to be recognized as a gender issue. We will revisit suicide in more depth later in this collection of papers. Personally, I have been inspired by feminism in many ways and have admired how inequalities for women have been recognised and addressed. The success of feminism, however, if we are not careful, can lead to assumptions and generalisations about all males being privileged and powerful when the truth is that the vast majority are not. In that same spirit of equality we now also need to address the problems and inequalities that many men and boys face. Take for example the high rates of deprivation and exclusion from society of young boys from damaging backgrounds that go on as men to make up 90 per cent of the homeless population and 95 per cent of those housed in our prison system. We badly need psychologists to get involved in preventing this alienated group in our society from being further demonised and marginalised.

In some ways I feel a little embarrassed that it has taken so long for a scientific interest to be sparked in the male experience. This is something artists and writers have always known about.

If they didn't observe the full gender story, their plays, films and novels would be dull indeed. For me, it makes sense to open our eyes to inequalities for men because if we don't, then women, children and all of us will lose out as a human family. Improving the psychological wellbeing of men can also only lead to an improvement in the psychological health of women and children too. It will no doubt be a painful journey as we open our ears to the tragic stories of traumatised and vulnerable men and boys. Some real resistance is bound to continue as we challenge ourselves to be more open to male suffering, but surely we need to open our ears and our eyes for the betterment of all.

### **Authors**

**Martin Seager**, Branch Consultant Psychologist, Central London Samaritans; [mjfjseager@btinternet.com](mailto:mjfjseager@btinternet.com)

**Dr John Barry**, Honorary Lecturer University College London and *Male Psychology Network*; [john.barry@ucl.ac.uk](mailto:john.barry@ucl.ac.uk)

**Dr Luke Sullivan**, Chartered Clinical Psychologist, Barnet, Enfield & Haringey Mental Health Trust & Men's Minds Matter

### **References**

Addis, M.E. & Mahalik, J.R. (2003). Men, masculinity and the contexts of help seeking.

*American Psychologist*, 5(1), 5–14.

British Psychological Society (2009). *Code of Ethics and Conduct*. Leicester: Author.

Farrimond, H. (2011). Beyond the caveman: Rethinking masculinity in relation to men's help seeking. *Health*, 16(2), 208–225.

- Hare-Mustin, R.T & Maracek, J. (1988). The meaning of difference: Gender theory, post-modernism and psychology. *American Psychologist*, 43(6), 455–464.
- Kingerlee, R., Precious, D., Sullivan, L. & Barry, J. (2014). Engaging with the emotional lives of men. *The Psychologist*, 27(6), 418–421.
- Lemkey, L. E., Fletcher, C., & Barry, J. A. (2015). How Much Do Job Satisfaction and Relationship Quality Predict Intention to Engage in Health Behaviours in Men and Women? A Pilot Study. *New Male Studies*, 5, 1, 31-47
- Lemkey, L., Brown, B., & Barry, J. A. (2016). Gender Distinctions: Should We Be More Sensitive to the Different Therapeutic Needs of Men and Women in Clinical Hypnosis? Findings from a pilot interview study. *Australian Journal of Clinical Hypnotherapy & Hypnosis*, 37(2).
- Mind (2009). *Men and mental health: Get it off your chest*. London: Mind.
- Parker, G., Blanch, B. & Crawford, J. (2011). Does gender influence response to different psychotherapies in those with unipolar depression? *Journal of Affective Disorders*, 1(30), 17–20.
- Russ, S., Ellam-Dyson, V., Seager, M. & Barry, J.A. (in press). ‘I hate generalising, but...’: Coaches’ views on differences in treatment style for male and female clients. *New Male Studies*, 4(3).
- Samaritans (1999). *Young men speak out*. London: Author.
- Samaritans (2010). *Men on the ropes campaign*. Retrieved from [www.samaritans.org/support\\_samaritans/campaigns/boxer\\_campaign\\_2010/boxer\\_campaign\\_about.aspx](http://www.samaritans.org/support_samaritans/campaigns/boxer_campaign_2010/boxer_campaign_about.aspx)

- Seager, M., Sullivan, L., & Barry, J.A. (2014). Gender-related schemas and suicidality: Validation of the male and female traditional gender scripts questionnaires. *New Male Studies*, 3(3), 34–54.
- Sullivan, L. & Sanderson, N. (2015). *What happened in the 80s: National suicide data 1981–2011. Men's Minds Matter*. Retrieved from [www.mensmindsmatter.org/what-happened-in-the-80s-national-uk-suicide-data-1981---2011.html](http://www.mensmindsmatter.org/what-happened-in-the-80s-national-uk-suicide-data-1981---2011.html)
- Wilkins, D. (2010). *Untold problems: A review of the essential issues in the mental health of men and boys*. London: Men's Health Forum.
- Wilkins, D. & Kemple, M. (2011). *Delivering male: Effective practice in male mental health*. London: Men's Health Forum.